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AUTHOR Redmond, Mark V.
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ABSTRACT

The variety of terms used to describe the process of self-other differentiation in communication--empathy, role taking, decentering, and perspective taking are but a few--tend to undermine efforts to establish a consistent framework for research in this area. A review of these terms suggests that decentering is the broadest of the concepts, encompassing both affective and cognitive dimensions. Although overlapping at points, empathy and role taking/perspective taking appear to be, respectively, affective and cognitive subsets of decentering. In addition to indicating that self-other differentiation is a multidimensional process, the literature suggests that the intensity of this differentiation is variable and the relationship between communication and self-other differentiation is not linear, for communication can occur without decentering. (MM)

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Mark V. Redmond

Department of Speech Communication
210 Pearson Hall
Iowa State University
Ames, IA 50011

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TOWARDS RESOLUTION OF THE CONFUSION AMONG THE CONCEPTS "EMPATHY," "ROLE-TAKING," "PERSPECTIVE TAKING," AND "DECENTERING"

MARK V. REDMOND
IOWA STATE UNIVERSITY

When a person communicates they can either take into consideration the fact that they are talking with an "other" or they can ignore that fact. When a person's communication is effected by the unique qualities of the "other" it has been called empathy, role-taking, perspective taking, decentering, referential communication, adaptive communication, listener-adapted communication, affective sensitivity, and a variety of other adjectival variations of these terms. Little recognition has been given to the similarities underlying these terms. Each term has been used to stake out their own construct claim and to argue for its identity. The obvious similarity among these concepts has not been readily explained or developed into any theoretical framework. Correlations among the measurements of the same term have produced low and even contradictory results (e.g., Kurtz and Grummon, 1972). Each author has argued for the righteousness of their approach rather than seeking to develop theory that might explain the discrepancies (see debates between Chinsky and Rappaport, 1970; Truax, 1972; Rapport and Chinsky, 1972; and Borke, 1971; Chandler and Greenspan, 1972; Borke, 1972; see also Smither, 1977; Barrett-Lennard, 1981).

At first glance, the confusion created by the inconsistencies in definitions and operationalizations of the terms may be taken as an indictment of the works, but there is strong value to be drawn from the confusion. Each variation in definition, each conflicting research result has the potential for expanding our understanding of communication. The value can only be gained, however, by recognizing that the terms are not absolute in meaning and that at some point an examination must be made of the reasons for the differences. Rather than trying to choose between two conflicting approaches, there is an opportunity to develop a theory that will explain and account for both. This paper will attempt to sort through the confusion, examining the problems and the causes of those problems and offering some suggestions on what can be learned from this examination.

In developmental terms, Piaget (1974) called the above process of self-other differentiation[1], "decentering". According to Piaget, a child begins in an egocentric orientation in thought and speech but through the process of decentering transfers to socialized thought and speech where others are taken into account. Vygotsky (1962) has argued that the appearance of external speech does not mean the elimination of egocentric speech, just the internalization of it. Flavell, Botkin, Fry, Wright and Jarvis (1975) expanded upon Piaget's egocentric/decentric theory in the development of theory and research on role-taking.

Constructivists have used the term "perspective taking" interchangeably with "role-taking" to describe the process by which one person takes on another's constructs. Ronald Pelias (1982) summarized the constructivists conceptualization of perspective taking as a "higher order process in which the individual maintains a construction of another's construction" (p. 524). Even the term perspective taking has proven inadequate and has been modified with such adjectives as "egocertric," "self-reflective," "mutual," "affective," and "social." Developmentally, perspective taking has been linked to other elements of cognitive development such as cognitive complexity, communication adaptation ability, accountability, and age (Burleson, 1982, 1983, in press; Clark and Delia, 1977; Hale and Delia, 1976; Delia and Clark, 1977; Ritter, 1979).

"Empathy" has been used by a variety of disciplines including social cognition, therapy, counseling, and social psychology. Common to all the usages of empathy is some parallelism between the way one person is feeling, thinking or behaving and the way another person may be reacting, perceiving, deducing, imagining or relating to the feeling, thinking or behaving of the first. (This long list of verbs reflect the lack of clear agreement or understanding among scholars.) Empathy has been presented as a fundamental element of interpersonal competence and communication competence.

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[1]The phrase "self-other differentiation" is being used as a referent for the collection of concepts which this paper is addressing, i.e., empathy, role-taking, perspective taking and decentering. "Self-other differentiation" is not being proposed as an encompassing replacement term. The language of the phrase does not accurately or completely reflect all aspects involved in the terms for which it serves as a referent.

Regardless of the term used, there is at least agreement that some cognitive process occurs to aid an individual in relating to another's internal state. What happens in that process and how it happens is still open to speculation and investigation. The process involved in empathy-perspective taking-decentering has been muddled in confusion for a variety of reasons. This paper identifies seven problems and possible causes for the confusion that exists within this area of theory and research.

Problem One: The use of different terms for the same phenomenon.
Problem Two: The use of the same term for different phenomenon.
Problem Three: Treating a process as a single static event.
Problem Four: Application of a unidimensional approach to a multidimensional phenomenon.
Problem Five: Operationalization of the concepts:
a.) The use of instruments that lack reliability and validity to support the conceptual definition.
b.) Using different operationalizations of the same concept.
Problem Six: Treating the concept as discrete rather than continuous.
Problem Seven: An assumed relationship between expressed communication and decentering/empathy/role-taking/perspective taking.

PROBLEM ONE: THE USE OF DIFFERENT TERMS FOR THE SAME PHENOMENON

One major difficulty in preparing this paper has been the fact that there is a seemingly unending number of terms under which theory and research on this topic can be found. The free substitution and replacement of one term for another tends to devalue the importance of having discrete terms for discrete concepts and phenomenon.

Borke (1971, 1972) defined empathy as "the ability to take the point of view of another" (1972, p. 107). Hale and Delia (1976) used the terms "role-taking" and "social perspective-taking" interchangeably as "the capacity to assume and maintain another's point of view" (p. 195). For Borke, Hale and Delia, empathy and role-taking/social perspective-taking mean the same thing. Rosalind Dymond (1949), one of the early advocates of the term and concept of empathy, defined empathy as "imaginative transporting of oneself into the thinking, feeling and acting of another and so structuring the world as he does" (p. 127). Enright and Lapsley (1980) state "role-taking or perspective

taking represents the child's cognitive abilities to understand another person's thoughts or feelings from the other's point of view" (p. 647). Again there is striking similarity in the definitions of different terms.

An exhaustive list can be made of the duplicity in definitions of different terms, but Bochner and Kelly (1974) provide some insight on the confusion when they say "we equate empathy with social perception" (p. 289). Such a global equation permits empathy to be defined as any of the elements of perception.

As a result of the lack of discrete definitions, there is a waste of resources in the duplication of efforts, and the potential for tapping other resources is greatly reduced. Information becomes lost in the novelty and variation in terminology that define a common phenomenon. Researchers using one term may be unaware of relevant work being done under another term.

The problem is further compounded by the modification of the root term without clear definition of the root term or discussion of the relationship between the modified term and the root term. Modification is assumed to be an attempt to gain greater specificity, but in actuality may lead to greater confusion. If empathy is accepted as a term dealing with the feeling or emotional state of the individuals involved, they why the terms "affective empathy" and "emotional empathy?" If empathy deals with a cognitive appreciation of another then why the term "empathic understanding" or "cognitive empathy?"

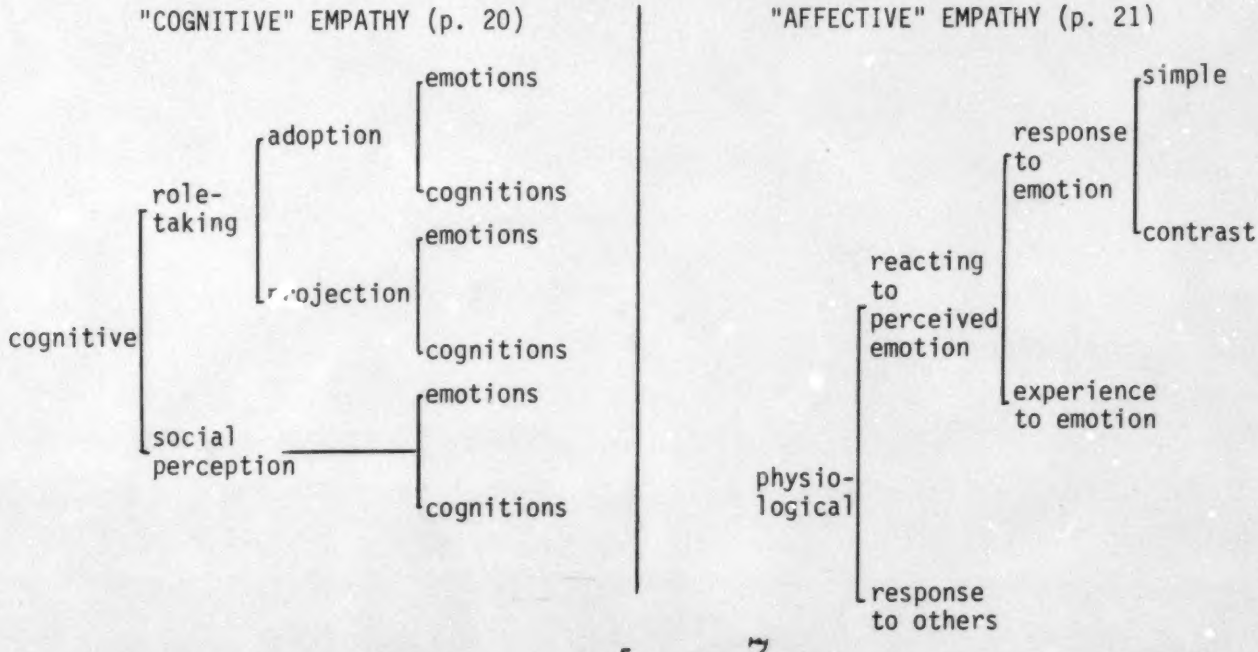
PROBLEM TWO: THE USE OF THE SAME TERM FOR DIFFERENT PHENOMENON

Members of the speech communication discipline should be highly cognizant of the ambiguity of language and recognize that the meaning a word has for one person is not exactly the same as for others. One objective of communication is to achieve greater understanding and shared meaning (Mead, 1934; McCroskey, Larson and Knapp, 1971). Of the terms being reviewed in this paper, "empathy" has probably been defined in more ways than any other term, and yet there seems to be a failure to recognize that there is no absolute definition or agreed upon definition. Each variation in definition reflects a variation in the theoretical slant of the author. Several reviews have been made of the

variations in the defining of empathy (Buchheimer, 1967; Deutsch and Madle, 1975; Ehmann, 1971; Gompertz, 1960; Katz, 1963; Lane, 1981; Pelias, 1982; Rappaport and Chinsky, 1972; Smither, 1977).

The definitions of empathy by Borke, Dymond, Bearison and Cassel have been presented, but a few others will further illustrate the degree of variation. Mehrabian and Epstein (1972) defined empathy as a "vicarious emotional response to the perceived emotional experiences of others" (p. 525). Grief and Hogan (1973) identified empathy as "a sensitivity to the needs and values of others" (p. 280). "Empathy is the ability to perceive another person's feelings and then give back in words those feelings and their meanings" (Isquick, 1981, p.2), seems to be somewhat representative of the definitions used in therapeutic contexts. Pelias (1982) combined the definitions of other authors to define empathy in terms appropriate to his interpretation of literature interests, empathy is "a qualitative, developmental process in which individuals not only come to share and understand another's feelings but also consider the reasons and context that inform the other's feelings" (p. 527).

In examining these terms there are certain obvious delineations; cognitive versus affective, perceived versus responded. The cognitive versus affective separation has been discussed by Pelias (1982), Smither (1977) and Buchheimer (1963). Lane (1981) in a review of empathy as a skill for medical personnel, constructed a branching network to demonstrate the relationships among the various definitional orientations:



This framework is far from complete, particularly since Lane was primarily interested in the therapeutic usage of empathy. Each of the branches in Lane's diagrams represent a defining and conceptualization of empathy as separate and discrete phenomena. Just because the same term is used, does not mean the term is referring to the same conceptual domain. The failure to generate separate and unique terms for the separate concepts leads to a waste of time and energy trying to defend the validity of one definition over another. Communication among scholars is also hampered by the ambiguity of a commonly used term. The drive to use the same term, with definitional variation, probably comes from: a.) the need to relate to and attract an audience, and b.) the existence of a common conceptual theme in each usage of the term. Research and reading is key word oriented. To decide what articles to read in a journal, a reader glances at the titles looking for key words that reflect their defined interests. If a new term is incorporated in a title, the readership and resulting recognition will probably be greatly reduced. Authors seeking readership are compelled to use the same key word terms regardless of their conceptual appropriateness.

Despite the claim that the same term is being applied to several different phenomena, there can be a common conceptual theme. Common to all the usages of empathy, decentering, and perspective taking is a self-other differentiation. The phenomenon being discussed when defining empathy as the projection of one's own feelings for an understanding of the emotional state of another, is still a different and unique phenomenon from empathy defined as a physiological reaction to watching another person receive an electric shock.

Empathy is also defined by its application. Each discipline that uses the term, defines it according to the needs and orientation of that discipline as seen in the partial review of definitions presented earlier. One of the strongest disciplinary influences on the definition of empathy has been the field of counseling and therapy (for reviews see Barrett-Lennard, 1981; Buchheimer, 1963; and Lane, 1981). Truax and Carkhuff (1967) sought to define empathy in terms of a skill necessary for successful counseling. They emphasized gaining accurate understanding and communicating accurate understanding to the client. They coined the term "accurate empathy."

> Accurate empathy involves more than just the ability of the therapist to sense the client or patient's "private world" as if it were his own. It also involves more than just his ability to know what the patient means. Accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings (p. 46).

Gompertz (1960) applied the concept of empathy to mass communication. After his review of the concept he concludes "mass empathy in mass communication may be equated with social responsibility; media which indicates greater identification with needs of society exhibit characteristics similar to those of an empathic individual" (p. 544). Pelias (1982) defined empathy in terms appropriate to the interpretation and performance of literature, as his definition cited earlier demonstrated.

Empathy has been defined in many other contexts as well: interpersonal, psycho-analytic, ethical, aesthetic, leadership, cognitive developmental, and social psychological (Buchheimer, 1963).

PROBLEM THREE: TREATING A PROCESS AS A DISCRETE EVENT

The concepts related to self-other differentiation are generally recognized as relating to a "process" as the sampling of definitions above demonstrates, but often times the operational definition forces the concept to be viewed statically. Berlo (1960) identified two fundamental problems of examining processes:

> First, we must arrest the dynamic of the process, in the same way that we arrest motion when we take a still picture with a camera. We can make useful observations from photographs, but we err if we forget that the camera is not a complete reproduction of the objects photographed. The interrelationships among elements are obliterated, the fluidity of motion, the dynamics, are arrested . . . .
>
> A second problem in describing a process derives from the necessity for the use of language. Language itself, as used by people over time, is a process. It, too, is changing, on-going; however the process quality of language is lost when we write it . . . .
>
> In using language to describe a process, we must choose certain words, we must freeze the physical world in a certain way. (p. 25)

Berlo suggests these problems are inescapable, but that there are ways to minimize the harm. He emphasizes remembering "that we are not including everything in our discussion" (p. 26), and that "objects which we separate may not always be separable, and they never operate independently--each affects and interacts with the others" (p. 26). This inability to separate concepts may explain why these self-other differentiations have not correlated with communication (see reviews by Burleson, 1983; Dickson, 1982; Rubin, 1977; Shantz, 1981). When there is a failure to establish statistical verification of a relationship between two concepts which have even been used to define each other, it may be the methodology that is non-process oriented that fails to demonstrate the relationship. Berlo's picture-taking (not related to role-taking) is analagous to the use of measurements which are by necessity, static.

Many measurements (see review by Enright and Lapsley, 1980) use tasks where a child's perspective taking/role-taking is assessed by their "other-adapted" descriptive reactions to objects or situations. For instance, in Flavell et al.'s (1968) cognitive role-taking "apple-dog" measure, a child is shown a sequence of seven pictures. The pictures show a child's frightened reaction and flight from a ferocious dog, with the child climbing up an apple tree to gain safety. The only three pictures that include the dog are removed, another person enters the room and the child is to tell the story represented in the four remaining cards that would be told by the other person. The story produced by the child is supposed to be the product or outcome of role-taking. This does not seem to be a measure of process. It is a measure of the output. The measure does not tap all of the variations and adaptations that the process of self-other differentiation involves. Though this measurement technique is widely used, even Flavell et al.'s results have been interpreted with a wide degree of latitude and questionability. The problem of reliability and validity will be discussed later.

The method does not seem to reflect Flavell et al.'s (1975) statement of their awareness of the process nature of the phenomenon:

> In the first place, it seems likely that the major components of non-egocentric, affective communication do not really occur in a single, fixed sequence, but rather alternate and interweave in diverse ways throughout the course of the entire communicative act. For instance, after a part of the message has already been sent, the speaker may return to the data, code some hitherto unnoticed aspect, recode it, perhaps reject that recoding on the basis of a further

look at the listener's role attributes, recode again, externalize this recoding as a new addition to the message, return again to the data, etc., etc. Also the basic distinction we have made between coding for self and recoding for the other may itself not always be a clear one. (p. 10)

Flavell et al.'s statement raises questions about the assessment of a process. At what point does one administer a static measure? Is there a way to assess process? As long as the concept is operationalized with static measures, a clear understanding of the process of self-other differentiating remains distant.

The process theories of empathy of Barrett-Lennard (1981), Kogler-Hill (1982), Buchheimer (1963), and Katz (1963) attempt to identify steps, cycles or skills that compose the overall concept of empathy. These approaches, when combined with Berlo's notion of the frozen picture image of process measurement, explain the inability to find high correlations among measurements that are essentially assessing different stages of the process. For instance, measures of "affective sensitivity" by Campbell, Kagan and Krathwohl (1971) and of "emotional empathy" by Mehrabian and Epstein (1972) are geared specifically to determining internal emotional reactions to another's condition. Mehrabian and Epstein's questionnaire includes such items as:

-- I become nervous if others around me seem to be nervous.
-- Seeing people cry upsets me.
-- Some songs make me happy.
-- It upsets me to see helpless old people.
-- I really get involved with the feelings of the characters in a novel. (p. 528)

The measures of emotional empathy/affective sensitivity seem to be at one end of the emotional dimension of self-other differentiation. At the other end, capturing the process at another point in time, are the measures developed by Truax and Carkhuff (1967) and Wogan (1969), that assess the expressed reaction of a therapist or counselor. Truax and Carkhuff's measure uses predetermined descriptions of empathic responses representing various levels of empathy. Judges either watch or hear the responses and rate them according to the scales. Truax and Carkhuff originally proposed nine stages that reflected the degree of therapist empathy, but this was later reduced to five (Carkhuff, 1969). Within each stage is an assessment of the attendance to "present obvious feelings," "veiled feelings," and "preconscious feelings"

(Truax and Carkhuff, 1967, p. 59). These levels of feelings and stages of empathy further demonstrate the complexity of the process and provide further evidence of the difficulty in taking accurate pictures of the process.

The process nature of self-other differentiation is not ignored in theory building. Interestingly, besides discussing the nature of process and communication, Berlo (1960) includes empathy/role-taking as one of his primary levels of communication interdependence. He recognizes the process orientation in his definition: "Empathy names the process in which we project ourselves into the internal states or personalities of other's in order to predict how they will behave. We infer the internal states of others by comparing them to our own attitudes and predispositions" (p. 130). This definition also demonstrates the issues raised in the discussions of problems one and two. Burleson (1983) after reviewing role-taking research, suggests that reseachers abandon their general unitary constructs, in essence the discrete, static operationalizations, because "extant findings strongly suggest that role-taking and adaptive communication are both complex, multidimensional constructs" (p. 19). Burleson argues further, that "role-taking skill appears to be far more domain-specific, and perhaps task-specific, than suggested by a strong Piagetian view of this skill" (pp. 5-6). Burleson identifies the concerns of some that role-taking and egocentrism may be too global, ambiguous and imprecise to be of value in the study of adaptive communication. The lack of agreement steming from a strict application of Piagetian theory may be explained by questioning the validity of the theory on this point of generalizability. Burleson's call for domain-specific analysis by researchers, is a step in the right direction, but is contrary to solid theory building. A theoretical model of self-other differentiation based upon a multidimensional conceptualization that <u>includes</u> domain-specific constructs should precede further research fishing expeditions.

PROBLEM FOUR: APPLICATION OF A UNIDIMENSIONAL APPROACH TO A MULTIDIMENSIONAL PHENOMENON

Burleson (1983) calls for the abandonment of unitary constructs in researching role-taking. This unidimensional/multidimensional problem is directly related to problem two: using the same term for different

phenomenon. When little interrelationship is found among measures based upon different operationalizations of the same term, it need not be an indictment of the methods. One method and its corresponding results do not have to be forsaken for another, rather the measures may be assessing different dimensions of the same concept. A measure of cognitive-based-empathy may not correlate very highly with an affective-based-empathy measure (see review by Burleson, 1983), but that does not mean the measures are not assessing dimensions of the same phenomenon. Lane (1981) maintains:

> "that conceptual definition including 'cognitive' (projective and/or adoptive empathy as well as social perception) and 'affective' (responding to experiencing another's affective state) components will <u>together</u> provide the most accurate predictions and the most thorough understanding. A clear delineation of the precise interpersonal behavior being measured (e.g., role-taking vs. social perception, adoption vs. projection, etc.) will help alleviate the conceptual and operational confusion regarding this construct." (pp. 12-13)

In summarizing his explanations of the low correlations found between role-taking and communication effectiveness, Rubin (1977) attributes part of the problem to the treatment of the concepts as "unitary constructs" (p. 56).

When Kurtz and Grummon (1972) failed to find strong correlations among six different measures of therapist empathy, they concluded "the data thus reveal not a unitary construct but six variables which are thought to be similar but in fact are not. This finding underscores the difficulty of measuring empathy" (p. 112). In other words, researchers have been examining different parts of the same process. When the scope is broadened to include the concepts of role-taking, perspective taking, decentering, etc., then the differences among them may be their focus on different aspects of the same phenomenon. Various authors have attempted to establish the relationships among some of the concepts as seen in Lane's branch diagrams provided earlier. Swanson and Delia (1976) include in perspective taking "both what might be called 'impression formation' and the more usual notion of 'empathy'" (p. 29). Flavell et al. (1975), Deutsch and Madle (1975) and Rubin (1977) have begun with decentration as a general concept that includes both role-taking and empathy.

> If reduced egocentrism via decentration forms one basis for empathy, then the developmental changes and correlates of empathy ought to be similar to those for egocentrism. Even with variation in empathy measures the findings have been consistent that intelligence is positively correlated with decentering and with empathic ability. With many measures of empathy, the child's decentering ability is not being assessed because the stimulus features are too obvious. (Deutsch and Madle, 1975, p. 282)

Deutsch and Madle raise an issue of methodology that will be discussed in the next problem.

As with process, there are authors who acknowledge the complexity and multidimensionality of the concepts (Buchheimer, 1963; Delia and Clark, 1977; Smither, 1977). Smither (1977) after a review of the research and theory on empathy states:

> In summary, I have tried to show that empathy constitutes, not a unidimensional ability, but a family of related skills. The nature of the processes and skills involved in any one case of empathy depends on particular dimensions of (A) the situational context, (B) the nature of the empathee's feeling-state, including certain appraisals about that context, and (C) the manner in which those feelings are expressed. Furthermore, it follows from the prior discussion that some of these dimensions serve to distinguish important differences between cases involving empathy based upon contagion and role-taking. (p. 267)

Implications of a multidimensional view of self-other differentiation include: a.) developing a multidimensional theory of the phenomenon, b.) the use of several measures, each tapping a separate dimension, not to test their interreliability, but to be used as a collective assessment, and c.) the development of a multidimensional measure, that assesses each of the component dimensions.

PROBLEM FIVE: OPERATIONALIZATION OF THE CONCEPT

A. The use of instruments that lack reliability and validity to support the conceptual definition

This problem could be demonstrated by going from measure to measure and discussing the question of construct and face validity. For brevity's sake, only a few examples will be discussed. Some of the difficulties in determining validity are discussed by Alton Barbour (Larson, Backlund, Redmond and Barbour, 1978):

> Some tests lead themselves more easily to validation than do others. For some, the criteria of evaluation are easy to find and for others they are extremely difficult to find or to separate from other criteria . . . For that reason, where good criteria are hard to find, we cannot expect to find high validity coefficients. Moreover, because any two groups are bound to differ in some ways, a test that works well with one group, that discriminates what it is supposed to, may be nearly worthless when used with another group. (pp. 90-91)

One way that reliability and validity are typically tested is to correlate the results of different measures, but as Barbour has pointed out above, what works in one area may not be appropriate to another. The failure to find strong intermeasure correlations has already been discussed, but Barrett-Lennard (1981) in discussing the value of her Relationship Inventory (RI) to assess empathy, comments on both the problem of validity and lack of a common theoretical grounding when comparing the RI to Truax and Carkhuff's (1967) empathy measure (p. 96).

The question of validity involves using measures which are not valid extensions of the conceptualization, for instance, defining the concept as a process and then using a static measure. The problem of invalid extensions of the definitions has been discussed by Burleson (1983), Enright and Lapsley (1980), Ford (1979) and Kurtz and Grummon (1972). Burleson (1983) indicates how the problem is compounded when invalid and unreliable instruments are used in an attempt to relate role taking to other concepts (p. 4). Kurtz and Grummon (1972) summarize their attempt to correlate six measures of empathy used in the therapeutic setting:

> With the exception of some correlation between tape-judged empathy and client-perceived empathy, neither the present study nor those examined were able to establish construct validity. And without construct validity in the measures, we cannot test hypotheses about the importance of therapist empathy. We believe that several dimensions are probably involved in the best "empathy" measures . . . There is little doubt that there is a relationship, and perhaps a very substantial relationship, between what has been called empathy and therapy outcomes. But present empathy measures may in fact be tapping other aspects of the therapist's behavior and the therapeutic relationship which accounts for these findings. Thus ambiguity still exists about the role of therapist empathy in effective therapy. (p. 114)

Further methodological problems in the most widely used therapeutic measure of empathy, that of Truax and Carkhuff (1967), have been discussed by Chinsky and Rappaport (1970), Rappaport and Chinsky (1972), and Lambert and DeJulio (1977).

> The studies reported and relied upon by Carkhuff and his students have failed to specify the nature of treatment; its components seem to vary from one study to the next; control groups of a comparative type are frequently missing, and, when present, have not been equivalent in expectation, motivation, contact time, leader skill or enthusiasm. A major weakness of most of these studies is their use of measures of empathy, respect, etc. which are not a new situation from training. Subjects have been aware of the criteria for evaluation, but have not shown their learning to be practically important nor broadly generalized.
>
> It is disheartening to see the lack of rigor which seems to characterize this field of research. (Lambert and DeJulio, 1977, p. 85)

The failure to develop valid and reliable measures may be directly linked to conceptual problems already discussed. Because of the process nature of self-other differentiation, the conceptual definition may be based upon a different part of the process than the operationalization assesses, thus creating an invalid instrument. This is a unique form of invalidity in that it is not that the instrument is not assessing part of the process, just that the instrument is not assessing the part identified in the conceptual definition.

The problem of multidimensional conceptualization accompanied by unidimensional assessment also produces a form of invalidity. Enright and Lapsley's (1980) summary of their assessment of the validity and reliability

of various methodologies begins with the suggestion that the conceptualization must be more rigorous if reliable and valid instruments are to be developed.

> The construct of social role-taking is used in the literature in several different (but possibly overlapping) ways. There is cognitive role-taking with variations within that domain . . . and there is affective role-taking with a controversy of empathy and role-taking existing within it. It is recommended that future role-taking studies clearly define the subconstruct and assumptions of that subconstruct. That is not always done at present. (p. 666)

There is an imminent danger that an important concept will be abandoned because of the inability to develop valid instruments that can be used in relating self-other differentiation to other cognitive and behavioral phenomenon. Dickson (1982), after examining the research relating egocentrism/role-taking to referential communication, concluded that the inability of so many researchers to support the relationship, or to even support the existence of an egocentrism construct, must mean the relationship is either very low or nonexistent (p. 20). If the failure to find the relationship is due to invalid and unreliable measurement and not theoretical misguidings, the risk is run of abandoning a principle component of communication theory.

B. Using different operationalization for the same concept

This problem has just been developed implicitly above. The problem also has its conceptual counterpart, discussed in problem one: the use of different terms for the same phenomenon. Each term and variation in the term is accompanied by a variation in the operationalization. The failure to find relationships among these measures and terms is therefore understandable. Deutsch and Madle's (1975) review of the conceptual and operational treatment of empathy concludes with some insights on the problem of lack of similarity. They state that "despite the variety of conceptualizations of empathy, few empirical advances have been made. One reason for the paucity of significant research appears to be a lack of concensus for operational definitions of empathy" (p. 282).

Enright and Lapsley (1980) discuss the current status of the development in the scholarship and research on social role-taking and conclude that "role-taking is at a point where the field must move toward greater refinement of measurement" (pp. 670-671).

PROBLEM SIX: TREATING THE CONCEPT AS DISCRETE RATHER THAN CONTINUOUS

Piaget's work on egocentric/decentrism is probably the strongest example of this problem. For Piaget, egocentrism disappears and becomes totally social (Flavell, 1963; Flavell et al., 1968; Piaget, 1974; Vygotsky, 1962). In Piaget's (1974) words, "the adult, even in his most personal and private occupation, even when he is engaged on an enquiry which is incomprehensible to his fellow-beings, thinks socially" (p. 59), and "to put it quite simply, we may say that an adult thinks socially, even when he is alone, and that the child under 7 thinks ego-centrically, even in the society of others" (p. 60). Vygotsky (1962) challenged Piaget's conclusions. For Vygotsky, "ego-centric speech develops along a rising, not declining, curve; it goes through an evolution, not an involution. In the end, it becomes inner speech" (p. 133).

Regardless of the perspective, reducing the concept to discrete, bipolar, existent/nonexistent terms when the phenomenon actually occurs in degrees, misleads both the theory and research. The vast majority of research on decentration has been limited to children because of the theoretical perspective forwarded by Piaget. The failure to acknowledge that just because vocalized speech may be social (After all, it is learned from others) does not mean that the speech used when talking with others is adapted to them--that a person has decentered. The failure to strongly correlate self-other differentiation with communication, as mentioned earlier, seems to contradict Piaget's theory. As blasphemous as it may sound, Piaget did not develop the notion of decentering as effectively as he might, perhaps because of his drive for a developmental model of human thought and language. Decentering may have strong utilitarian value if it is freed from its Piagetian bondage. Support for the notion that egocentrism carries over into adulthood will be discussed in problem seven.

Just as the concepts of decentering, role-taking, perspective taking and empathy must be thought of as a process, they must also be thought of as occurring within individuals in varying degrees. Besides differences in

degree among people, there are also variations within the same person. Strong among the factors that mediates the variation is context. Burleson (1982, 1983), Bearison and Cassel (1975), Pelias (1982), and Weinstein (1969) have all acknowledged some impact of the context (or at least the form of the communication) on self-other differentiation.

Underlying much of the research is the assumption that if a person has engaged in role-taking, perspective taking, empathizing, or decentering one time, then they engage in that activity all the time. More specifically, it is assumed that if a person has role-taken in one situation they can role-take in all others. There is a failure to acknowledge the impact of the context. Specific previous experiences relevant to self-other differentiation may also be contextually evoked. The study by Ritter (1979) exemplifies the contextual problem as well as other problems that have been discussed. Though the study is concerned with social-perspective taking ability, this is assessed with an "empathic communication task" (The concept and operationalization are incongruous). Ritter bases part of the argument for the effect of adolescence on perspective-taking on the peer influences and conformity of that age group, yet the methodology to assess social perspective taking is contextually and experientially loaded, and thus biases the results.

The empathic communication task had each student pretend they had passed the driver's license examination, and their friend had not. Their friend's feelings were supposedly hurt when the friend heard the student boasting about how easy the test was, and that you would have to be stupid to fail. The subjects were to generate a smoothing over statement for an in-group and an out-group friend. Two age groups were used and compared, fourteen year olds and seventeen year olds. Quite unsurprisingly, the seventeen year olds used higher order strategies than did the fourteen year olds according to the coding procedure. Could the fact that Illinois (where the study was conducted) has a sixteen year old driver age requirement (with driver's education and parental consent) have given the seventeen year olds an experiential advantage that affected their communication strategies, and their empathy? The points being made here, aside from the obvious lack of internal validity, are: that because only two groups are used, a bipolar assumption is forced upon the data; and the context does not affect the two groups similarly. Subjects are grouped according to their age and not according to their ability. Other studies break the concepts into hi and lo categories and

compare the results. While operational and statistical demands for the dichotomization of the concept is understandable, the results must be treated cautiously, remembering that the concept is continuous not discrete.

PROBLEM SEVEN: AN ASSUMED RELATIONSHIP BETWEEN EXPRESSED COMMUNICATION AND SELF-OTHER DIFFERENTIATING CONCEPTS

The self-other differentiating concepts have been theoretically linked to interpersonal competence (Argyris, 1965; Bochner and Kelly, 1974; Foote and Cottrell, 1955; Rothenber, 1970; Weinstein, 1969), communication competence (Allen and Brown, 1976; Backlund, 1977; Larson et al., 1978; Mead, 1977; Redmond, 1978; Wiemann, 1976), effective communication (Bearison and Cassel, 1975; Carkhuff, 1969; Clark and Delia, 1977), adaptive communication (Burleson, 1983; Delia and Clark, 1977; Ritter, 1977) and referential communication (Dickson, 1982; Johnson, 1977; Shantz, 1981).

Bearison and Cassel (1975) make a statement that is fairly reflective of the views held by those who link self-other differentiation to communication: "In order to communicate effectively, a speaker must meet his listener's informational needs by coordinating his own perspective of the communication topic with the perspective of his listener" (p. 29).

Despite the insisted theoretical connection between communication and self-other differentiating concepts, little research support for the relationship has been established (as mentioned, Burleson, 1983; Dickson, 1982; Rubin, 1977; Shantz, 1981). Even studies relating empathy to as global a concept as communication competence have not provided strong evidence. In Backlund's (1977) assessment of the contribution of various dimensions to communication competence, empathy accounted for only 5.2% of the variance. Wiemann (1977) was unable to separate empathy from four other dimensions in a factor analysis of communication competence.

Redmond (1978) in his study, examined only the one dimension of communication competence, empathy. In Redmond's study, one group of subjects evaluated statement pairs on the basis of the degree of communication competence reflected in the responses. Those evaluations were compared with the assessments made by another group of students who evaluated the same pairs of statements on the basis of the degree of empathy reflected in the responses. The correlation coefficient of .96 ($p < .001$) between the ratings

exceeded the expectation. Such a high correlation indicates that the two concepts are probably not separate concepts at all. Redmond concluded:

> From the dimensional perspective on communication competence, there is apparently only about 7 percent of the concept to be explained by dimensions other than empathy. Though this may seem like a strong statement, it is important to realize that empathy itself may be composed of dimensions that are shared with the concept of communication competence. Since this study focused primarily on the encoding of empathic understanding, there are obviously a variety of perceptual, cognitive, listening and speaking skills that contribute to varying degrees of reflected empathy. (pp. 100-101)

The possible explanation for the failure to find a relationship between self-other differentiating concepts and communication concepts is fairly simple. Dickson (1982) provides some hint while summarizing his review of role-taking and referential communication:

> In most referential tasks, the best description for another person is the same as the best description for oneself. A big red triangle is, after all, a big red triangle, and in most situations the best associate for discriminating a member of a word pair is the one that would work for oneself. (p. 20)

Shantz (1981) in her review of efforts to relate role-taking/egocentrism to referential communication provides some possible premises for a new theoretical perspective:

> In short, not all poor communications are egocentric. One may well be able to take the role of the listener, but unable to make the necessary discriminations or encode adequately, and, as a result, give messages that omit criterial information or are redundant. (p. 90)
>
> Just as not all poor communications are egocentric, so, too, not all good communications are nonegocentric. We may, for example, code some information very privately, for ourselves and very idiosyncratically, and merely emit our private codings. If our listener, however, happens to share our "universe" relevant to the information, the private coding may be quite adequate for that particular listener. (p. 91)
>
> But a speaker may also communicate in what on the surface appears to be an egocentric way but does so because he/she has inferred identity (or high similarity), rather than assumed it. (pp. 92-93)

As final testimony of the natural occurance of egocentric communication in everyday interactions, Swanson and Delia (1976) in their MODCOM contribution on The Nature of Human Communication, talk about social perspective-taking as a perceptual process which is fairly egocentric (though probably not meant in the Piagetian sense, but colloquially). They claim that "most of us are unconsciously egocentric in the attitude with which we typically approach communication" (p. 28).

Most communication is not decentered and doesn't involve role-taking, perspective taking or empathy. Most communication doesn't have to be modified to specific listener qualities for the other to understand it, or for the message to accomplish the sender's purpose. People may either be egocentric, or operate from a construct of a generalized other for whom all messages are initially developed, but in either case people don't generally need to adapt their communication. Attraction theory purports that people usually associate with others who are similar to them, as a result messages that we might send to ourselves can be expected to work well with our acquaintences. As interpersonal relationships develop, more and more experiences are shared, and there are more symbols with shared meaning between the two, but again it is not adaptation to the other, it is the memory of the shared experience evoked by the shared symbol. There are probably two specific circumstances where our self-other differentiating abilities are implemented: one, is when there are strong contextual cues that alert us to the difference between ourselves and another (e.g., different nationality, race, organizational role or physical disability); and two, some kind of breakdown in communicaton (e.g., an unexpected response to a statement). The circumstances that evoke self-other differentiation should be a focal point for future investigation.

CONCLUSIONS (OR THE MORAL OF THE STORY)

Conclusion One. Common meanings of the terms and their relationships must be established

The discussion of problems should make it clear that the ambiguities, contradictions, lack of delineation and definition has caused and are causing the scholarship on self-other differentiation to be undermined. I am not prepared at this point to offer specific definitions for each of the terms,

however, I would like to propose a hierarchy. Decentering[2] seems to be the broadest of the concepts as it has been used. Empathy and role-taking/perspective taking are usually regarded as subconstructs of decentering. Though some questions were discussed above about the ability to relate empathy or role-taking to decentering, I believe that is due mainly to the problems of methodology. As the broadest concept, decentering needs to be conceptualized as a phenomenon that is composed of many dimensions including affective and cognitive. A part of the affective dimension of decentering is empathy. A part of the cognitive dimension of decentering is role-taking/perspective taking. The relationship between empathy and role-taking is not one of simple bipolar discrete dimensions, for there is certainly overlap and interaction. A more thorough model of the relationships among the concepts will need to be developed, that includes more than just empathy and role-taking.

Conclusion Two. <u>The process involved in self-other differentiation is multidimensional</u>

As discussed under number 1, decentering is composed of many dimensions including empathy and role-taking. There are also a variety of other dimensions which need to be identified and related. Among the possible dimensions are: listening, affective sensitivity, perception and perceptiveness, ability to fantasize, projection, identification, ability to generalize, encoding skills, self awareness, previous experience and cognitive complexity.

Conclusion Three. <u>Self-other differentiation is a process</u>

As a process, decentering involves a progression through a series of steps or operations. Any use of static measures needs to identify the specific point of the process that is being assessed. A comprehensive

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[2]Decentering will be used in the remaining discussion as the comprehensive term.

instrument needs to be developed that assesses many of the points in the process. As a process, scholars should recognize that there are variations in the degree of affect of each of the constituent dimensions, and therefore a great deal of variablity occurs within the overall concept; variability that explains some of the discrepancies in previous research.

Conclusion Four. The intensity of self-other differentiation is variable

The phenomenon is ill conceived when treated as discrete, bipolar, and existent/nonexistent. Decentering occurs in individuals in degrees. Some people decenter better than others. Within individuals they may decenter in some situations better than they do in others. There is a contextual influence on the variability of the concept. Theory and research must account for the factors, such as context, that affect the variability of decentering.

Conclusion Five. The relationship between communication and self-other differentiation is not linear

As previous testimony indicates, it is likely that much of our adult communication is egocentric. Just because we are communicating does not mean we have decentered. The variableness of decentering means that there is not a strict one to one relationship with communication. Theory and research aimed at examining the relationship between communication and decentering must look for specific communication variables that interact with dimensions of decentering to explain outcomes and behavior. Just as context affects the variance in decentering so will the communication event.

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